

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 147

Registered No. 171

1. PLACE OF BIRTH

County Gila

State

District or Township

or Village

City Copper Hill

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Ramiro

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

7. Date

of birth

Month

Day

Year

8.

FATHER

Full name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday

(Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

14.

MOTHER

Full maiden name

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

17. Age at last birthday

(Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 12 m. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

(Born alive or stillborn.)

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address

Registrar

Filed

1927

Registrar

099-912-659